

YOUTH SELF-REPORT FOR AGES 11-18

For office use only
ID # _____

YOUR NAME			PARENTS' USUAL TYPE OF WORK, even if not working now (Please be specific—for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.) FATHER'S TYPE OF WORK: _____ MOTHER'S TYPE OF WORK: _____		
YOUR SEX <input type="checkbox"/> Boy <input type="checkbox"/> Girl	YOUR AGE	ETHNIC GROUP OR RACE			
TODAY'S DATE Mo. _____ Date _____ Yr. _____		YOUR BIRTHDATE Mo. _____ Date _____ Yr. _____	Please fill out this form to reflect <i>your</i> views, even if other people might not agree. Feel free to write additional comments beside each item and in the spaces provided on pages 2 and 4.		
GRADE IN SCHOOL NOT ATTENDING SCHOOL <input type="checkbox"/>	IF YOU ARE WORKING, STATE TYPE OF WORK				

I. Please list the sports you most like to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc. <input type="checkbox"/> None a. _____ b. _____ c. _____	Compared to others of your age, about how much time do you spend in each? <table border="0" style="margin: auto;"> <tr> <td style="text-align: center;">Less Than Average</td> <td style="text-align: center;">Average</td> <td style="text-align: center;">More Than Average</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Less Than Average	Average	More Than Average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compared to others of your age, how well do you do each one? <table border="0" style="margin: auto;"> <tr> <td style="text-align: center;">Below Average</td> <td style="text-align: center;">Average</td> <td style="text-align: center;">Above Average</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Below Average	Average	Above Average	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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II. Please list your favorite hobbies, activities, and games, other than sports. For example: cards, books, piano, autos, crafts, etc. (Do not include listening to radio or TV.) <input type="checkbox"/> None a. _____ b. _____ c. _____	Compared to others of your age, about how much time do you spend in each? <table border="0" style="margin: auto;"> <tr> <td style="text-align: center;">Less Than Average</td> <td style="text-align: center;">Average</td> <td style="text-align: center;">More Than Average</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Less Than Average	Average	More Than Average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compared to others of your age, how well do you do each one? <table border="0" style="margin: auto;"> <tr> <td style="text-align: center;">Below Average</td> <td style="text-align: center;">Average</td> <td style="text-align: center;">Above Average</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Below Average	Average	Above Average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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III. Please list any organizations, clubs, teams or groups you belong to. <input type="checkbox"/> None a. _____ b. _____ c. _____	Compared to others of your age, how active are you in each? <table border="0" style="margin: auto;"> <tr> <td style="text-align: center;">Less Active</td> <td style="text-align: center;">Average</td> <td style="text-align: center;">More Active</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Less Active	Average	More Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
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IV. Please list any jobs or chores you have. For example: Paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.) <input type="checkbox"/> None a. _____ b. _____ c. _____	Compared to others of your age, how well do you carry them out? <table border="0" style="margin: auto;"> <tr> <td style="text-align: center;">Below Average</td> <td style="text-align: center;">Average</td> <td style="text-align: center;">Above Average</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Below Average	Average	Above Average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
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- V. 1. About how many close friends do you have? ☐ None ☐ 1 ☐ 2 or 3 ☐ 4 or more
(Do not include brothers & sisters)
2. About how many times a week do you do things with any friends outside of regular school hours?
(Do not include brothers & sisters) ☐ less than 1 ☐ 1 or 2 ☐ 3 or more

VI. Compared to others of your age, how well do you:

- | | Worse | About the same | Better | |
|--|--------------------------|--------------------------|--------------------------|--|
| a. Get along with your brothers & sisters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> I have no brothers or sisters |
| b. Get along with other kids? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Get along with your parents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Do things by yourself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

VII. Performance in academic subjects. ☐ I do not go to school because _____

- | | Failing | Below Average | Average | Above Average |
|------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| a. English or Language Arts | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. History or Social Studies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Arithmetic or Math | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Science | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- Other academic subjects — for example: computer courses, foreign language, business. Do *not* include gym, shop, driver's ed., etc.

Do you have any illness, physical disability, or handicap? ☐ No ☐ Yes — please describe

Please describe any concerns or problems you have about school:

Please describe any other concerns you have:

Please describe the best things about yourself:

Below is a list of items that describe kids. For each item that describes you **now** or **within the past 6 months**, please circle the 2 if the item is **very true** or **often true** of you. Circle the 1 if the item is **somewhat** or **sometimes true** of you. If the item is **not true** of you, circle the 0.

0 = Not True

1 = Somewhat or Sometimes True

2 = Very True or Often True

- | | | | |
|-------|---|---|--|
| 0 | 1 | 2 | 1. I act too young for my age |
| 0 | 1 | 2 | 2. I have an allergy (describe): _____ |
| _____ | | | |
| _____ | | | |
| 0 | 1 | 2 | 3. I argue a lot |
| 0 | 1 | 2 | 4. I have asthma |
| 0 | 1 | 2 | 5. I act like the opposite sex |
| 0 | 1 | 2 | 6. I like animals |
| 0 | 1 | 2 | 7. I brag |
| 0 | 1 | 2 | 8. I have trouble concentrating or paying attention |
| 0 | 1 | 2 | 9. I can't get my mind off certain thoughts (describe): _____ |
| _____ | | | |
| _____ | | | |
| 0 | 1 | 2 | 10. I have trouble sitting still |
| 0 | 1 | 2 | 11. I'm too dependent on adults |
| 0 | 1 | 2 | 12. I feel lonely |
| 0 | 1 | 2 | 13. I feel confused or in a fog |
| 0 | 1 | 2 | 14. I cry a lot |
| 0 | 1 | 2 | 15. I am pretty honest |
| 0 | 1 | 2 | 16. I am mean to others |
| 0 | 1 | 2 | 17. I daydream a lot |
| 0 | 1 | 2 | 18. I deliberately try to hurt or kill myself |
| 0 | 1 | 2 | 19. I try to get a lot of attention |
| 0 | 1 | 2 | 20. I destroy my own things |
| 0 | 1 | 2 | 21. I destroy things belonging to others |
| 0 | 1 | 2 | 22. I disobey my parents |
| 0 | 1 | 2 | 23. I disobey at school |
| 0 | 1 | 2 | 24. I don't eat as well as I should |
| 0 | 1 | 2 | 25. I don't get along with other kids |
| 0 | 1 | 2 | 26. I don't feel guilty after doing something I shouldn't |
| 0 | 1 | 2 | 27. I am jealous of others |
| 0 | 1 | 2 | 28. I am willing to help others when they need help |
| 0 | 1 | 2 | 29. I am afraid of certain animals, situations, or places, other than school (describe): _____ |
| _____ | | | |
| _____ | | | |
| 0 | 1 | 2 | 30. I am afraid of going to school |
| 0 | 1 | 2 | 31. I am afraid I might think or do something bad |
| 0 | 1 | 2 | 32. I feel that I have to be perfect |
| 0 | 1 | 2 | 33. I feel that no one loves me |
| 0 | 1 | 2 | 34. I feel that others are out to get me |
| 0 | 1 | 2 | 35. I feel worthless or inferior |
| 0 | 1 | 2 | 36. I accidentally get hurt a lot |
| 0 | 1 | 2 | 37. I get in many fights |
| 0 | 1 | 2 | 38. I get teased a lot |
| 0 | 1 | 2 | 39. I hang around with kids who get in trouble |

- | | | | |
|-------|---|---|--|
| 0 | 1 | 2 | 40. I hear sounds or voices that other people think aren't there (describe): _____ |
| _____ | | | |
| _____ | | | |
| 0 | 1 | 2 | 41. I act without stopping to think |
| 0 | 1 | 2 | 42. I would rather be alone than with others |
| 0 | 1 | 2 | 43. I lie or cheat |
| 0 | 1 | 2 | 44. I bite my fingernails |
| 0 | 1 | 2 | 45. I am nervous or tense |
| 0 | 1 | 2 | 46. Parts of my body twitch or make nervous movements (describe): _____ |
| _____ | | | |
| _____ | | | |
| 0 | 1 | 2 | 47. I have nightmares |
| 0 | 1 | 2 | 48. I am not liked by other kids |
| 0 | 1 | 2 | 49. I can do certain things better than most kids |
| 0 | 1 | 2 | 50. I am too fearful or anxious |
| 0 | 1 | 2 | 51. I feel dizzy |
| 0 | 1 | 2 | 52. I feel too guilty |
| 0 | 1 | 2 | 53. I eat too much |
| 0 | 1 | 2 | 54. I feel overtired |
| 0 | 1 | 2 | 55. I am overweight |
| 0 | 1 | 2 | 56. Physical problems without known medical cause: |
| 0 | 1 | 2 | a. Aches or pains (not headaches) |
| 0 | 1 | 2 | b. Headaches |
| 0 | 1 | 2 | c. Nausea, feel sick |
| 0 | 1 | 2 | d. Problems with eyes (describe): _____ |
| _____ | | | |
| _____ | | | |
| 0 | 1 | 2 | e. Rashes or other skin problems |
| 0 | 1 | 2 | f. Stomachaches or cramps |
| 0 | 1 | 2 | g. Vomiting, throwing up |
| 0 | 1 | 2 | h. Other (describe): _____ |
| _____ | | | |
| _____ | | | |
| 0 | 1 | 2 | 57. I physically attack people |
| 0 | 1 | 2 | 58. I pick my skin or other parts of my body (describe): _____ |
| _____ | | | |
| _____ | | | |
| 0 | 1 | 2 | 59. I can be pretty friendly |
| 0 | 1 | 2 | 60. I like to try new things |
| 0 | 1 | 2 | 61. My school work is poor |
| 0 | 1 | 2 | 62. I am poorly coordinated or clumsy |
| 0 | 1 | 2 | 63. I would rather be with older kids than with kids my own age |

0 = Not True

1 = Somewhat or Sometimes True

2 = Very True or Often True

0	1	2	64. I would rather be with younger kids than with kids my own age	0	1	2	85. I have thoughts that other people would think are strange (describe): _____
0	1	2	65. I refuse to talk				_____
0	1	2	66. I repeat certain actions over and over (describe): _____				_____
			_____				_____
0	1	2	67. I run away from home	0	1	2	86. I am stubborn
0	1	2	68. I scream a lot	0	1	2	87. My moods or feelings change suddenly
0	1	2	69. I am secretive or keep things to myself	0	1	2	88. I enjoy being with other people
0	1	2	70. I see things that other people think aren't there (describe): _____	0	1	2	89. I am suspicious
			_____	0	1	2	90. I swear or use dirty language
			_____	0	1	2	91. I think about killing myself
				0	1	2	92. I like to make others laugh
				0	1	2	93. I talk too much
				0	1	2	94. I tease others a lot
0	1	2	71. I am self-conscious or easily embarrassed	0	1	2	95. I have a hot temper
0	1	2	72. I set fires	0	1	2	96. I think about sex too much
0	1	2	73. I can work well with my hands	0	1	2	97. I threaten to hurt people
0	1	2	74. I show off or clown	0	1	2	98. I like to help others
0	1	2	75. I am shy	0	1	2	99. I am too concerned about being neat or clean
0	1	2	76. I sleep less than most kids	0	1	2	100. I have trouble sleeping (describe): _____
0	1	2	77. I sleep more than most kids during day and/or night (describe): _____				_____
			_____				_____
0	1	2	78. I have a good imagination	0	1	2	101. I cut classes or skip school
0	1	2	79. I have a speech problem (describe): _____	0	1	2	102. I don't have much energy
			_____	0	1	2	103. I am unhappy, sad, or depressed
			_____	0	1	2	104. I am louder than other kids
			_____	0	1	2	105. I use alcohol or drugs for nonmedical purposes (describe): _____
0	1	2	80. I stand up for my rights				_____
0	1	2	81. I steal at home				_____
0	1	2	82. I steal from places other than home				_____
0	1	2	83. I store up things I don't need (describe): _____				_____
			_____	0	1	2	106. I try to be fair to others
			_____	0	1	2	107. I enjoy a good joke
0	1	2	84. I do things other people think are strange (describe): _____	0	1	2	108. I like to take life easy
			_____	0	1	2	109. I try to help other people when I can
			_____	0	1	2	110. I wish I were of the opposite sex
			_____	0	1	2	111. I keep from getting involved with others
				0	1	2	112. I worry a lot

Please write down anything else that describes your feelings, behavior, or interests